Notice of Section 527 Status

OMB No. 1545-1693

	tment of the Tressury at Revenue Service				
Pa		11			
1	Name of organization				Employer identification number
	Friends of Steve Fontana				<u> 52 2256740</u>
2	Mailing address (P.O. Box or number	, street, and room or	suite	number)	
	34 Brockett Farm Road				
	City or town, state, and ZIP code North Haven, CT 06473-3546				
				•…•	
3	E-mail address of organization safontana@aol.com				
4a	Name of custodian of records	42	Cus	 stodian's address	
	, , , , , , , , , , , , , , , , , , ,		34	Brockett Farm Road	
	Gerald A. Feinberg		No	orth Haven, CT 06473-3546	
Şa	Name of contact person	51		tact person's address	
			23	Angel Place	
	Stephen A. Fontana		No	rth Haven, CT 06473	
	Business address of organization (if o	lifferent from molling	~44~	se chown above). Number street a	and room or suite number
6	Business address or organization (if o	imerent irom mailing	addre	ss snown above). Number, street, a	Ind 100(1) or salte number
	City or town, state, and ZIP code				
Pa	rt II Purpose				
7	Describe the purpose of the organiza				
	Political Re-Election Campaign	Committee (State	of C	onnecticut - House of Represe	entatives)
Pa	rt III List of All Related Ent	tities (see instruc	tions)	
8a	Name of related entity	8b Relationship		8c Address	
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9b Title	9c Address
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